Dale Topco Limited

Burton, Bridge and Trent Court Care Centre

Inspection report

17-19 Ashby Road
Burton On Trent
Staffordshire
DE15 0LB

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03 May 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Burton, Bridge and Trent Court are three buildings covered by one CQC registration. The provider is registered to accommodate and provide personal and nursing care for up to 85 younger or older people who may have mental illness or dementia that may be combined with a physical disability and/or sensory Impairment. Bridge Court was not occupied at the time of our inspection and there were 43 people living in Burton and Trent Court.

People's experience of using this service: People and relatives told us they had a positive experience in respect of the care and support they received. They told us they received support from staff in a timely way and were not kept waiting for assistance.

We saw people looked comfortable in the presence of staff and people told us they felt safe at the home. Staff were knowledgeable about potential risks to people and were able to tell us how these would be minimised.

People were supported by staff who were caring and expressed empathy and compassion towards people who lived at the home. We saw staff consistently respected people and promoted their privacy, dignity and independence.

People received effective person-centred care and support at the point this was provided and based on their individual needs and preferences. Staff were knowledgeable about people's needs and preferences and the staff fostered good relationships with the people. Some people's records needed improvement to reflect people's involvement and how the person-centred care we saw was planned. The provider was aware of this with plans underway to revise all care plans.

People were supported by care staff who had a range of skills and knowledge to meet their needs. Staff understood their role, felt confident and well supported. Staff received supervision and felt well supported by the provider. People's health was supported as staff worked with other health care providers to ensure their health needs were met.

People were supported by staff to have choices, and the provider's policies supported this practice. There was a lack of evidence of people's involvement or that of appropriate persons in do not resuscitate agreements where these were completed by external professionals without the provider's involvement. These needed reviews to ensure these decisions were in the person's best interests.

We saw staff responded to people's needs effectively and their preferences were known and respected by staff.

People and their representatives knew how to complain. Staff knew how to identify and respond if people were unhappy with the service. People were able to communicate how they felt to staff, and said staff were

approachable and listened to what they had to say. Relatives told us when they had raised concerns these had been addressed appropriately.

People, relatives and staff gave a positive picture as to the quality of care people received and said management and staff were approachable.

Quality monitoring systems were in place, and the provider had used external professionals to carry out audits to assist them in identifying how to improve the service, and people's experience. The provider was very clear with us the service needed to improve but had identified what most of these improvements were, and had a clear improvement agenda in place. The provider told us changes were being made, with evidence of this seen, but was ensuring the pace of change allowed people and staff to be involved so changes were successful and sustainable.

Rating at last inspection: The rating at our last inspection was 'Requires Improvement' (report published 18/05/18).

Why we inspected: This was a scheduled inspection based on the previous rating for the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Burton, Bridge and Trent Court Care Centre

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The service was inspected by one inspector, one specialist advisor (a registered learning disability nurse) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this instance older people with dementia.

Service and service type: Burton, Bridge and Trent Court are three buildings covered by one CQC registration. The provider is registered to accommodate and provide personal and nursing care for up to 85 younger or older people who may have mental illness or dementia that may be combined with a physical disability and/or sensory Impairment.

Notice of inspection: This inspection was unannounced on the first day and announced on the second.

What we did: We visited Burton, Bridge and Trent Court on 2 and 3 May 2019. The service had a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of care provided. The registered manager was available throughout our inspection.

We reviewed information we had received about the service since they were last inspected by us. We looked at details about incidents the provider must notify us about, such as allegations of abuse, and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to

plan our inspection.

We spoke with seven people who lived at the home. Some people were not always able to share their views, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four relatives/friends who were visiting. We spoke with four nurses (one a modern matron), two senior care assistants, three care assistants, one activities coordinator, an occupational therapist, psychologist (who was part of a clinical psychology team), registered manager and nominated individual/provider. We also spoke with a visiting GP. We used this information to form part of our judgment. We looked at eight people's care records to see how their care was planned and delivered, this including their medication records. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People were protected from potential abuse and avoidable harm as the provider and staff understood what different types of abuse could be and steps they should take to safeguard people. These were detailed in safeguarding procedures staff understood. A member of staff told us, "I can access the procedure and there is zero tolerance of any issues, report to the nurse".
• People and relatives told us they knew who to contact if they had concerns about safety. People's comments included, "I am safe all day because of the staff", and "I feel safe. I am being looked after". A relative told us their loved one, "Is safe. If she is not well the staff are brilliant with them".

Assessing risk, safety monitoring and management
• Risks to people were identified, staff aware of these risks and how people should be supported to reduce any avoidable harm.
•People's risk assessments identified how hazards could be reduced, although assessments for people who may become very anxious needed to be developed to reflect staff training in behaviour management. There was a lack of detail about positive behaviour support/ use of a low arousal approach in care records, although staff had awareness of how to approach any challenges people may present.
•A recently employed clinical psychologist had been part of an audit team that reviewed the service's behaviour management strategies in October 2018. The report from this audit identified areas of learning, this including development of positive behaviour plans. The clinical psychologist told us a new format for a proactive behaviour plan (which we saw was detailed and comprehensive) had been approved by the provider and they were going to commence putting these in place after detailed reassessment of people's psychological needs.

Staffing and recruitment
•We saw staff responded to people when they needed assistance, and there was enough staff available during the inspection to keep people safe and meet their needs.
• People comments about staffing included, "There are enough staff. There are enough at weekends and at night", "As far as I know there are enough staff to support me" and, "Staff come quickly when I press the call bell". A relative told us there were, "Always staff around".
•Staff comments included, "There are days we feel a little rushed as people's needs can be unpredictable but it's a great staff team we have here" and, "On some days we could benefit from more[staff], but this is not a regular occurrence, only if people off sick and agency not available, other times we have regular agency staff".
• Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks, although health checks were not available. The registered manager showed us a new health check format recently adopted and said they would complete these checks for all staff without

them.

Using medicines safely
• People told us they received their medicines as needed with comments including, "I get my medicines from the nurse, tea time, supper time and breakfast" and "The nurse gives me my medication. They come around and give me at a certain time".
• We saw people's medicines were stored safely. We checked some controlled drugs and found records balanced with the stock of medicines. We saw the medicines room in Trent Court lacked space. The nurse and provider told us this was to be relocated for as part of the home's planned refurbishment.
• We saw nurses administer medicines with this completed in a safe way. We saw nurses signing for the medication administration records (MARs) but noticed limited gaps on these MARs where there were no initials, mostly in relation to topical creams. The provider made us aware there were separate records for recording administration of creams, this not referenced on the MARs sheets.
•We saw protocols for as 'as required 'medicines were not always recorded. Nurses clearly understood when and why these medicines should be given though. The provider also confirmed these would all be checked and where needed put in place.

Preventing and controlling infection
• People told us they were happy with the cleanliness and told us the home was clean. A relative said, "It is clean. Never smells of urine".
•The provider told us despite several attempts there had been difficulty cleaning parts of the property due to maintenance issues, for example, in Bridge (this unoccupied) they said floorboards in some rooms were impregnated with odours and this meant major refurbishment was needed, this in hand. We saw staff worked hard to maintain cleanliness, although there was a slight underlying odour in some parts of the buildings at times. The provider said remedial actions would not be effective and was progressing major refurbishment to improve the environment and make cleaning far easier, as seen in some bedrooms we saw which had been fully refurbished. A deep clean was planned for May 2019 and was then planned for every three months after this.
•Staff understood when they needed to use personal protective equipment (gloves, aprons) and we saw these were used and available. They were also aware of how to promote good infection control.

Learning lessons when things go wrong
• The provider told us, after taking over the service, there was much work to do to bring the standards up to those they required. To assist with this, we saw numerous professionals had been asked to complete audits of different aspects of the service and they were now at the stage where they were applying this learning to practice, after recruiting staff which included a clinical psychologist and occupational therapist.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Initial assessments had been completed to identify people's needs and preferences. We saw some evidence of review based on changes in people's care. There was scope for some improvement in assessments, as we were told by the provider at the start of our inspection. People told us staff knew their needs well however, this reflected by observation of staff interactions with people during our inspection, and discussion with staff. One person told us, "When I first came staff asked me questions [about my needs]"

• People's assessments reflected information about protected characteristics as defined by equality legislation including for example, disability, race and gender. Staff and managers demonstrated a good understanding of equality.

Staff support: induction, training, skills and experience
•People's comments about staff skills included, "Staff are qualified, they have certificates. They know what support I need" and, "A lot of training takes place here for them". Relatives told us staff, "Seem to be well trained" and," They have the right training to support my relative".
•Staff comments about training and support included, "There are opportunities for further learning and development provided", "When I started on agency I had an induction with the nurse" and, "Mental health training would be useful, and this has been discussed with managers". The psychologist confirmed this training would be taking place for all staff.
•Staff told us they were well supported by managers as needed and through one to one supervision and meetings. They also had learning workshops they said were useful.

Supporting people to eat and drink enough to maintain a balanced diet
•People's comments about the meals they received included, "It is alright" and the "Food is good". A relative told us, "The food looks nice, appetising". People also told us there were snacks available when wanted and they could make a choice about where they wanted to eat.
•We observed lunch time and saw people enjoyed their meals and had a choice of what to eat, with staff on occasion offering numerous options. We saw staff took the time needed to assist people appropriately with their meals, giving them time to digest their food at their pace. People with poor appetites we saw to be encouraged to eat or have alternatives if not wanting their first choice.
•We saw assessments identified where people were at risk of poor nutrition and steps were taken to monitor people's diet or involve appropriate healthcare professionals

Adapting service, design, decoration to meet people's needs
• The provider told us at the start of our inspection the current environment did not meet their expectations

for the provision of high-quality care and they told us how they planned to improve this. Their vision was to have smaller units where they could offer more personalised care. The architect's plans would be sent to the local Council for approval and the provider said dates would be confirmed when plans were approved.
•They explained this could not be completed without some major investment and refurbishment and as such had closed Bridge court ready for works. They explained other houses would be renovated in a planned way to minimise disruption to people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.
•People told us they saw community healthcare professionals as needed. Their comments included, "When I want a doctor they come and see me. The dentist has been not long ago", "Yes, they get onto it straight away".
•We spoke with a visiting GP they told us the service's communication with them was good and the provider was making a real effort to improve the care for people who lived at the home. They made a weekly round (as we saw during our inspection) to see people who needed intervention in addition to attending on a more urgent basis.
•The provider told us they had encountered difficulties accessing the services of some health care professionals for appointments and this had in part led to their employment of an occupational therapist and psychologist, so people had quick access to needed support. They also told us they planned to improve access to psychiatrists as well, so people would have quicker access to needed support. The provider told us this provision was not normally provided by care homes, but they felt it was, "The right thing to do" to ensure people had quick access to relevant clinical support.

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
•People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
•We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider told us, whilst having submitted applications to the local authority, only a small number were approved.
•People told us, "They ask my permission before doing anything for me", "Anything I want they say do you want us to do this or that", "Yes they ask for my consent before doing anything for me". We saw staff consistently sought consent from observation.
•Staff had a good understanding of how they should gain people's consent. One member of staff told us, "some people can't verbally consent, you can't assume they consent, for instance if they pulled away they are not consenting".

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us staff treated them well and showed them respect. Their comments included, "Yes they are kind and caring", " They treat me with dignity and respect " and, "They are respectful, they take care of me". Relative's comments included, "Yes, [staff are] definitely caring and kind" and, "Yes they are dignified and respectful to [the person]".
•We saw staff were friendly, polite, respectful and attentive towards the needs of the individuals throughout our inspection, for example at lunch time they took their time when assisting people to eat and we saw they communicated with people throughout the process.
•Staff understood how to provide care in a way that respected people's dignity, with their comments including, "I would treat them like my own relative" and, "You must listen to [people] and treat with compassion and kindness".

Supporting people to express their views and be involved in making decisions about their care
• We saw staff gave people a range of choices throughout our inspection. We saw staff clearly explained these choices and allowed people time to respond, for example, where to sit, what to eat, what they wished to do and when.
•People said staff gave them choice with comments including, "I can have a bath or shower when I want", "I can make day to day choices" and, "Staff ask if I want to go to the dining room [at meal time]".
•Staff understood some people had different ways of communicating and from observation and talking with staff we found they understood what the person was expressing. Staff were able to tell us about how certain people would express their views non-verbally and how they indicated what choices they were making.
•Staff told us an advocacy services was involved in supporting some individuals, although we suggested information about advocates could be displayed to help people's awareness of this service. An advocate is an independent person who puts a case on someone else's behalf.

Respecting and promoting people's privacy, dignity and independence
•We saw people were treated by staff with respect whilst promoting their dignity, privacy and independence. When asked if they were treated well by staff people told us they were.
• People's comments included, "Staff help me to be independent. They ask me if I can do things first before supporting me" and, "Staff treat me with dignity and respect".
• Staff told us how they promoted people's privacy, dignity and independence. One member of staff told us, "You talk to people. Find out what their likes and dislikes are". Other staff explained how they would allow people independence despite any risks as this was their preference and right. They clearly explained how

they would minimise these risks however.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met, as staff knew people well and their care was delivered in accordance with their needs. The provider was working to set up better communication to ensure there was joined up care between the service and other agencies.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Information about people's needs and preferences was gathered, and care plans were in place, but we did find these needed improvements, which the provider and registered manager acknowledged at the beginning of our inspection. Examples where improvement was needed included care records having a clarity as to people's primary and secondary needs and how this may impact on the care they needed.
• People received support primarily with their mental health, but we saw in some instances this may be in addition to other conditions.
•Several staff including a psychologist, nurse and occupational therapist told us how they were developing assessments and care plans to better record people's needs, preferences, and interests. They told us work on gaining their views through reviews, observation and discussion with people, staff and relatives was planned or had commenced.
• We saw copies of some proposed formats and these would provide comprehensive information when completed correctly. The psychologist explained the training of staff in positive behaviour management (this commenced) before implementation of these plans was essential.
•Staff were able to tell us in some detail what people's need, likes and preferences were and we saw this knowledge was used when they provided personal care.
• We saw staff were responsive to people's needs during our inspection. One person told us "Staff are responsive, they know what I need".
•People told us staff knew them well and their comments included, "I have seen my care plan", "Staff know what they are doing for me" and "They know my needs and take care of them. Staff know what I like and dislike". A relative told us, "I was involved in formulating [the person's] care plan".
• We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. The provider was working towards compliance with this this standard, and we heard how plans would involve people in a way that allow them to understand and contribute towards their care plans. For example, continued development of engagement with people and summaries of care plans to provide an easier format to assist people to understand and agree the care they received.
• We saw several people participated in activities and they enjoyed these. People's comments included "I do puzzles. Go to the town centre and the supermarket", "I can go out when I want," and "I read books and play cards". A relative told us their loved one "Used to do drawing, play instruments and bingo. Staff encourage sing songs and planting seeds. They put a film on, they always liked a nice film and still do".
•Staff who told us their activities provision was improving and how these fitted in with promotion of people's wellbeing and mental health. Examples of these on-going improvements included use of a variety of activity boxes containing numerous items of interest to different people (these seen in use) and a therapy dog who

was completing an induction to the service including becoming familiar with people and the premises.

Improving care quality in response to complaints or concerns
• People's relatives told us concerns and complaints were listened to and responded to by the provider. One person told us, "Yes, I complained a member of staff was not treating me right. I told the staff. Everything is alright now". A relative said, "I would go to [registered manager's name] if I wanted to complain. I have complained once about the laundry. They sorted it straight away"
• The provider had a complaints policy and procedure. Written information about how to raise a complaint was available and people felt able to complain to staff or management. We saw complaints were fully recorded and responded to by the provider or registered manager.
• Staff could tell us how they would know if a person was unhappy and what they would do to try and identify their concerns.

End of life care and support
• We looked at some people's Do Not Attempt Resuscitation (DNAR) authorisations and had concerns the information within these was incomplete. Where these had identified a person did not have capacity there was no evidence of a formal MCA or Best Interests Meeting about this decision, following the forms completion by an external medical professional. An example of this in one person's DNAR was where there should be a summary of the main clinical problems, communication with patient, communication with patient's relatives/friends and a record of the multidisciplinary meeting contributing to the decision. These sections were all blank with the form signed by a hospital registrar.
•We discussed this with management, and while accepting the responsibility for completion of these forms are the responsibility of a health care professional (such as hospital doctor), where there are concerns with the process these should be noted and reported to the appropriate authority.
•We found planning in supporting people to make choices regarding their end of life arrangements, for example wills, funeral preferences could be more proactive with use of such a clear process by which personalised recommendations for a person's care at a time when they may not be able to make choices. This would help inform any decisions about that person's care and treatment at the end of their life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted an improvement agenda that was aimed at ensuring there was high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• The service had a range of quality monitoring arrangements in place, and we saw these were developing and becoming more effective. The provider gave us an honest summary of work they needed to do at the start of our inspection, and said these issues were to be addressed but at a pace that involved people, staff and relatives. We saw these actions were formally identified in an action plan the provider and registered manager were working to.

•The provider told us the recruitment of key staff was critical in taking their improvement agenda forward and we spoke with a recently employed occupational therapist and psychologist. Recruitment of a psychiatrist was planned, and we were informed they had commenced their involvement with the service after this inspection.

•People and relatives were positive about the service with their comments including, "It's a very nice place", "I am happy here. I like it the way it is" and, "The best place I have ever been". Relatives were positive about the service and one told us, "The staff are amazing and a credit to the home. It's a hard job and you must be special to do it. Nice atmosphere".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

•The registered manager ensured we were notified of events as required by regulation. We saw the previous CQC inspection rating was displayed at the home. The provider did not have a website to display the rating at the time of our inspection.

•Staff told us about the provider's whistleblowing policy and said they were confident in raising any concerns, they had if necessary. Staff told us they were well supported by management with comments including, "I feel supported and listened to by the senior management team and receive regular monthly 1:1s and supervision" and "[Modern matron] is really easy to talk to, open to ideas and supportive. We have supervisions which are useful".

• The registered manager and provider were clear about their responsibilities under their duty of candour and were open and honest about areas where they felt the service needed to improve and accepted constructive feedback well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• We did find people's records did not always record people's involvement with their individual care which the provider told us they were to address with development of person-centred care plans.

•People told us they were involved in several ways however with comments including, and, "What makes me feel safe is they ask me what I want to do", "Lady manager. They are here to help" and "We have residents' meetings". Relatives comments included, "I have attended reviews", "The company is very informative," and "They are bringing out newsletters. I have completed a survey".
•Observation of staff did show the way they provided care was focussed around the person and we saw numerous occasions where staff were very involved with people, offering choices, listening to what they said, responding to their comments and considering the person's characteristics in respect of any disability.

Continuous learning and improving care
•We saw the provider was aware of the need to improve, and where to do so and used feedback from others, analysis of any incidents and findings from audits to assist this process.
•The provider told us they had decided to refurbish all the units one by one as they had identified to improve and maintain standards to their expectations the physical layout of the premises needed to be better. As a result, they had reduced the number of people they accommodated at the home until this work was to be completed.
•We found the provider was positive about our inspection and fully embraced the opportunity to receive further feedback and any learning this may offer them.

Working in partnership with others
•We saw numerous examples of audits and reviews completed by external professionals commissioned by the provider at the service in late 2018. This was to identify best practice and how to implement this and the provider had commenced an extensive implementation plan in 2018. The staff newly recruited told us how they were taking these recommendations forward with much enthusiasm and were extremely positive as to the resources the provider was making available to them.
• The provider made us aware of some difficulties they have encountered offering joined up care due to gaining enough information from hospitals on people's readmission to ensure people's care is consistent. The provider has formally raised concerns with us and had been making attempts to raise these with the hospital safeguarding team after advice from the local authority judged the matter to be outside of their remit.
•Discussion with an external health professional during our inspection evidenced that the provider had a good working relationship with them and would follow their advice and provide feedback as needed.